## U.S. Department of Labor "mgloyment Standards Administration Office of Labor-Management Standards Washington, DC 20210

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved Office of Management and Budget No. 1215-0188 Expires 07-31-2004

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory unde		<del></del>	<u> </u>		•	tion, lines, or civil penalties as provided by 29 U.S.C. 439 or 440.	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
For Official Use Only 1. FILE NUMBER 2. PERIOD			VERED IO DAY	YE	AR	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:	
Rec'd O	33 - 7 0 9 Fro	om 0	1 0 1	2 0	0 2	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:	
122003	Th	rough 1	2 3 1	2 0	0 2	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
Ng/	<u> </u>	8.	MAILING A	DDRESS (	Type or pi	int in capital letters.)	
		Firs	rst Name				
DAVID PETERSON	(3) 033-70	9					
CARPENTERS IND	31	.0					
LU 195		Las	st Name				
1001 BOYCE MEMORIAL DR							
OTTAWA, IL 61350	12/200		Now - Puils	ding and D	N	has (if and	
		1 5.0	D. Box • Build	ang and m	om num	Der (if any)	
!dla:ulladidd:ll::aldd							
		Nu	ımber and S	treet			
4. AFFILIATION OR ORGANIZATION NAME						i	
						·	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUM	ABER City	ty				
T HANT ALAME (Com.)							
7. UNIT NAME (if any)		Sta	ate Z	P Code +	<b>,</b>		
Are your organization's records kept at its m     (If "No," provide address in Item 56.)	nailing address?					-	
			uli i ida aktia	J 1			
56. ADDITIONAL INFORMATION (If more spa	ce is needed, allach additional pi	ages prope	eny identi <u>ne</u>	1. j			
	195 Political Acti	ion Fur	nd: The	v Reno	rt To	State Of Illinois, State Board Of Elections	
	dt & Lockas, P.C.,					orare or remors, state board or Elections	
17. Michele Carrera	a. a 200mas, 1.01,	O I I GWC	<b>.,</b> ,,,,				
-							
		-1	d 41 41		·		
in any accompanying documents) has been exa-	s or the above labor organization, do mined by the signatory and is, to th	eciares, und ne best of th	ber the appii the undersign	abie penai ned's knowl	ies of law, edge and,	that all of the information submitted in this report (including the information contained belief, true, correct, and complete. (See Section VI on penalties in the instructions.)	
(If other title, (If other title,							
616103 4815	1)434-0982	see instru	ructions.)		0 4	6 03 (8/5) 433 - /54/ see instructions.)	
Date	Telephone Number				Dat	e Telephone Number	

<ul> <li>During the Reporting Period Did Your Organization:</li> <li>10. Have a "subsidiary organization" as defined in Section X of the instructions?</li></ul>		No X		How many members dorganization have at the reporting period?  What is the maximum recoverable under you fidelity bond for a loss any officer or employed organization?	amount or organization's caused by	4 5 9 5 0 0 0 0
<ul> <li>12. Have a political action committee (PAC) fund?</li> <li>13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?</li> <li>14. Have an audit or review of its books and records by an outside accountant or by a parent body</li> </ul>		×	21.	During the reporting poorganization have any constitution and bylaw rates of dues and fees procedures listed in the (If the constitution and attach two new dated procedures have changed)	changes in its s (other than ) or in practices/ e instructions? bylaws have changed copies. If practices/	ļ,
auditor/representative?  15. Discover any loss or shortage of funds or other property?		X		What is the date of you next regular election of What are your organized dues and fees? (Enter a minimum and than one rate applies in	f officers? ation's rates of maximum if more	<b>MO YEAR</b> 062003
by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		×		(a) Regular Dues/Fees	Rates of Due	Mon+h
expenses which, together with any payments from affiliates, totaled more than \$10,000?		X		(b) Initiation Fees	\$	(Month, Year, etc.)
(If the answer to any of the above questions is "Yes," provide in Item 56 on page 1 as explained in the instructions for each	detail:	s		(d) Work Permits	\$NONE per -	(Month, Year, etc.)

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 3 3 - 7 0 9

(A) Name (List all persons who held office during the they received no salary or other disburse	ments. Use all capital letters.)	Gross Salary (before taxes and	Allowances and Other	
(B) Title (Enter title of officer, such as PRESIDENT	or TREASURER.) (C)*	other deductions) (D)	Disbursements (E)	Total (F)
Last Name	First Name			<u> </u>
1. KRUG£R	ROBERT	6 0 0	3 9 9	9 9 9
Title PRESIDENT	Status C			
Last Name	First Name			
<b>2</b> . PETERSON	DAVID	3600	1950	5 5 5 0
Title FINL. SECY.	Status C			
Last Name	First Name			
<b>3.</b> HÂRDING	RIÇH	5 5 7	5 1 .0	1067
Tible V ICE - PRES.	Status (			
Last Name	First Name			· · · · · · · · · · · · · · · · · · ·
<b>4.</b> LEHMKUHL	STEVE	1274	1258	2532
Tible T R U S T E E	Startus C			
Last Name	First Name			
<b>5.</b> PERONA	NORM		4 2 0	4 2 0
THANKE T RUSTEE	Status C			
Last Name	First Name			" · <del>-</del>
<b>6.</b> CARLSON	JOHN		3 6 0	3 6 0
THE CUNDUCTOR	Status C			
Last Name	First Name			
7. CAIRNS	BILL		6 0 0	6 0 0
Title T R U S T E E	Status C			
8. Totals from additional pages (if any)		600_	480	1080
9. Totals of Lines 1 through 8		6631	5977	12608
			10. Less Deductions	15 0 0
Enter the Total from Line 11 in		ltem 45 ➪	11. Net Disbursements	1 11 0 8
Code for Status (C): past officer — P; continuing officer	or C: now officer during the reco	(If any	r officer was not elected at a regular rganization's constitution and bylaws, a	election in accordance wi

		oorting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
ES	<b>25. Cash</b>	7 0 6	70913	32. Accounts Payable	6 3 5	6 0 7
STATEMENT A	26. Loans Receivable			33. Loans Payable		
MEN	27. U.S. Treasury Securities			34. Mortgages Payable	29191	2 4 2 1 4
TATE	28. Investments			35. Other Liabilities		
SSETS	29. Fixed Assets 1 5 5	0 9 7	162322	36. TOTAL LIABILITIES	29826	2 4 8 2 1
AS	30. Other Assets			37. NET ASSETS		
	31. TOTAL ASSETS 2 4 6	8 0 3	2 3 3 2 3 5	(Item 31 less Item 36)	2 1 6 9 7 7	208414
	CASH RECEIPTS		AMOUNT	CASH DISBURS	SEMENTS	AMOUNT
	38. Dues	************	1 4 8 4 4 6	45. To Officers (from Item 24)	)	1 1 1 0 8
NTS	39. Per Capita Tax			46. To Employees (less dedu	ctions)	2 2 4 1 4
MENT B DISBURSEMENTS	40. Fees, Fines, Assessments & Work Pe	ermits	4 1 8 6	47. Per Capita Tax		5 9 4 0 5
T B	41. Interest & Dividends		2 4 3 6	48. Office & Administrative Ex	xpense	3 6 7 8 9
STATEMENT B	42. Sale of Investments & Fixed Assets			49. Professional Fees		2080
TATE	43. Other Receipts		1 4 0 5 8	50. Benefits		6 8 7 5
STA			1 6 9 1 2 6	51. Contributions, Gifts & Gra	ints	2877
RECEIPTS		•		52. Purchase of Investments	& Fixed Assets	
"	If total receipts reported i or more, your organizatio			53. Loans Made		
	instead of this form.			54. Other Disbursements		3 6 1 4 1
				55. TOTAL DISBURSEMENT	'S <u></u>	177689

ORGANIZATION NAME:	Carpenters Local 195	
ENDING DATE OF PERIO	opcovered: December 31, 2002	

FILE NUMBER: 0 3 3 — 7 0 9

PAGE 1 OF 1 ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all person	ons who held office during the reporting period en I no salary or other disbursements. Use all capit	ven if al letters.)	Gross Salary (before taxes and	Allowances and Other	
(B) Title (Enter title of	officer, such as PRESIDENT or TREASURER.)	Status (C)	other deductions) (D)	Disbursements (E)	Total (F)
Last Name	First Name				
HARCAR	J E F	F		4 8 0	4 8 0
Title WARDE	N	Status C			
Last Name	First Name				
Z E M A N	W M.		600		6 0 0
Title STEW A	R D	Status C			
Last Name	First Name	<u>~_</u> .			
Title		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name			<u> </u>	
			·		
Title		Status			
Last Name	First Name			_	
Title		Status			
Last Name	First Name				
Title		Status			
		Totals	600	480	1080

ORGANIZATION NAME:	FILE NUMBER:	_	4
ENDING DATE OF PERIOD COVERED:	PAGEOF _	ADDITIONAL PAGES	
24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)			

(A)	Name	(List all persons who held office during the reporting period ex they received no salary or other disbursements. Use all capita	ren if al letters.)	Gross Salary (before taxes and	Allowances and Other	
			Status	(before taxes and other deductions)	Disbursements	Total
(B)	Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	(C)	(D) ´	(E)	(F)
	Last Name	First Name	**···			
	Title		Status			
	Last Name	First Name			· · · · · · · · · · · · · · · · · · ·	
	Title		Status			
	Last Name	First Name				
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	Title		Status			
	Last Name	First Name				<u> </u>
	<b>7</b> 744 –		Status			
	Title		Sidille			<u> </u>
	Last Name	First Name				
	Title		Status	ļ		
	Last Name	First Name				
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